County of Shenandoah

Shenandoah County Board of Supervisors
600 N. Main Street, Ste. 102 – Woodstock, VA 22664

EMPLOYEE INCIDENT REPORT

Date of Incident: ____/____/____

Time of Incident: ____ : ____ AM ____ PM ____

Incident Reported by:

Title / Department:
Phone:
Email:

Location of Incident (Building/Location Name):
Address:

Description of Incident by Staff (if witnessed):

Citizen Information

Employee Name:

Employee Address:

Employee Contact Information
Phone: home cellular
Email:

Description of incident Given by Employee:

Was Medical Attention Received: ☐ YES ☐ NO
If YES, please give name of provider and/or facility:

Witness(es)

Name:
Address:
City, State, Zip:
Phone:
Witness Description of Accident:

Name:
Address:
City, State, Zip:
Phone:
Witness Description of Accident:

Please fill this form out as completely as possible and return to County Administration attention: Courtney Barnhart or email to: cbarnhart@shenandoahcountyva.us

_____ _____ ____/____/____

Department Head Signature Title Date